

DOCKET NO.: PRES06-00163

GESTIONER NO.: 23990

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of : RONALD A. SCHACHAR

Application No. : 09/556,143

Filed : April 21, 2000

For : SEGMENTED SCLERAL BAND FOR TREATMENT OF  
PRESBYOPIA AND OTHER EYE DISORDERS

Group No. : 3739

Examiner : David M. Shay

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**CERTIFICATE OF MAILING BY FIRST CLASS MAIL**

The undersigned hereby certifies that the following documents:

1. Postcard receipt;
2. Information Disclosure Statement;
3. Form PTO/SB/08B;
4. One (1) reference;
5. Fee Transmittal for FY 2005; and
6. Check in the amount of \$180.00

relating to the above application, were deposited as "First Class Mail" with the United States Postal Service, addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on June 15, 2005.

Date: JUNE 15, 2005

Kathleen Newsome  
Mailer

Date: June 15, 2005

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PTO SB/17 (12-04)  
 Approved for use through 07/31/2006. OMB 0651-0032  
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Effective on 12/08/2004.  
 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$180.00)

### Complete if Known

Application Number	09/556,143
Filing Date	April 21, 2000
First Named Inventor	Ronald A. Schachar
Examiner Name	David M. Shay
Art Unit	3739
Attorney Docket No.	PRES06-00163

### METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 50-0208 Deposit Account Name: Davis Munck, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

**Total Claims** - 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20

**Indep. Claims** - 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ **Fee Paid (\$)**

HP = highest number of independent claims paid for, if greater than 3

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets** - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_ **Fee Paid (\$)**

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Information Disclosure Statement \$180.00

#### SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 39,308	Telephone 972-628-3600
Name (Print/Type)	William A. Munck	Date June 15, 2005	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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3739  
BFW



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Art Unit : 3739  
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Commissioner for Patents  
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Alexandria, VA 22313-1450

Dear Sir:

**INFORMATION DISCLOSURE STATEMENT**

Pursuant to the duty of disclosure under 37 C.F.R. § 1.56, Applicant submits this statement. This submittal is made in accordance with 37 C.F.R. §§ 1.97 and 1.98 and § 609 of the Manual of Patent Examining Procedure. The publication herein is listed below and on the attached Form PTO/SB/08B. A copy of the publication is submitted herewith.

**Publication**

Spencer P. Thornton, "Anterior Ciliary Sclerotomy (ACS), A Procedure to Reverse Presbyopia", Surgery for Hyperopia and Presbyopia, 1997, Pp. 33-36.

06/20/2005 ZJU HAR1 00000021 09556143

01 FC:1806

180.00 OP


Applicant hereby expressly reserves the right to swear behind the effective dates of any of the above Patents and to question the relevance and materiality of the Patents and Publications listed herein, in whole, in part, or in combination, subsequent to filing this Information Disclosure Statement.

This Information Disclosure Statement is being transmitted after the mailing date of the first Office Action on the merits. Therefore, Applicant encloses a check in the amount of \$180.00 for the Information Disclosure Statement filing fee.

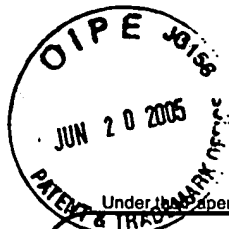
Respectfully submitted,

DAVIS MUNCK, P.C.

Date: June 15, 2005

  
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PTO/SB/08B (08-03)

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Substitute for form 1449/PTO

**INFORMATION DISCLOSURE  
STATEMENT BY APPLICANT**

(Use as many sheets as necessary)

**Complete if Known**

Application Number	09/556,143
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Art Unit	3739
Examiner Name	David M. Shay
Attorney Docket Number	PRES06-00163

Sheet 1 of 1

**NON PATENT LITERATURE DOCUMENTS**

Examiner Initials*	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>
	AA	Spencer P. Thornton, "Anterior Ciliary Sclerotomy (ACS), A Procedure to Reverse Presbyopia", Surgery for Hyperopia and Presbyopia, 1997, Pp. 33-36.	

Examiner  
SignatureDate  
Considered

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

1 Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attached. This collection of information is required by 37 CFR 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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